

09/06/00  
JC544 U.S. PTO

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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

First Inventor or Application Identifier Kenneth E. Sherman

Title Composition and Method of Treating Hepatitis C

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2.  Specification [Total Pages 21]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

3.  Drawing(s) (35 U.S.C. 113) [Total Sheets ]

4. Oath or Declaration [Total Pages ]

a.  Newly executed (original or copy)  
b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27); EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)  
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
a.  Computer Readable Copy  
 Paper Copy (identical to computer copy)  
 Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7.  Assignment Papers (cover sheet & document(s))  
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney  
9.  English Translation Document (if applicable)  
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Statement (IDS)/PTO-1449 Citations  
11.  Preliminary Amendment  
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)  
\* Small Entity Statement(s)  Statement filed in prior application,  
(PTO/SB/09-12) Status still proper and desired  
13.  Statement(s)  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)  
14.  Other: \_\_\_\_\_  
15.  Other: \_\_\_\_\_

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 08 / 844,349

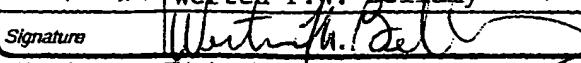
Prior application information: Examiner Jay Williams Group / Art Unit: 1643

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

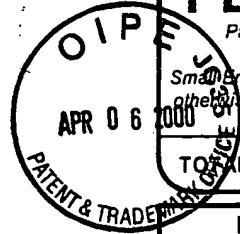
Customer Number or Bar Code Label  or  Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name	Maria H. Sjogren, M.D., MC, Col. USA Chief, Department of Clinical Investigation			
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City	Washington	State	D.C.	Zip Code
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Name (Print/Type)	Werten F.W. Bellamy	Registration No. (Attorney/Agent)	27,029
Signature		Signature	Date 4/5/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEET TRANSMITTAL**Patent fees are subject to annual revision on October 1.  
These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

**Complete if Known**

Application Number	08/844,349
Filing Date	4/21/97
First Named Inventor	Kenneth E. Sherman
Examiner Name	Jay Williams
Group / Art Unit	1643
Attorney Docket No.	

**METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 21-0039  
Deposit Account Name Uniformed Services Univ.

Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17  Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:  
 Check  Money Order  Other

**FEES CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee	760
106 330	206 165	Design filing fee	
107 540	207 270	Plant filing fee	
108 790	208 395	Reissue filing fee	
114 150	214 75	Provisional filing fee	
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>760</b>

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
24	-20** = 4	x 44	
Independent Claims 3	- 3** = 0	x 0	
Multiple Dependent			

\*\*or number previously paid, if greater. For Reissues, see below

**Large Entity Small Entity**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 22	203 11	Claims in excess of 20
102 82	202 41	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 82	209 41	** Reissue independent claims over original patent
110 22	210 11	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>
804		

**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,060	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	1210
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** 2014**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name

Werten F.W. Bellamy

Reg. Number

27,029

Signature

Date

4/6/00

Deposit Account

User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.